PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
20045	500 01/14	2010	pape have	ers. Each additional e its own certificate	of mailing or transmission.	nent or formal drawing, must	
BROOKS KUSHMAN P.C. 1000 TOWN CENTER TWENTY-SECOND FLOOR				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
SOUTHFIELD, MI 48075				(Depositor's name)			
						(Signature)	
					····	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/595,955 05/22/2006 Christian Ochs WAS0781PUSA 9628 TITLE OF INVENTION: METHOD FOR PRODUCING CARBONYL REST-CONTAINING ORGANOSILICON COMPOUNDS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	DE DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/14/2010	
EXAMIN	IER	ART UNIT	CLASS-SUBCLASS				
PENG, KUO LIANG		1796	528-024000	<u></u>			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required: 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Wacker Chemie AG Please check the appropriate assignee category or categories (will not be printed on the patent): Wacker Chemie AG Please check the appropriate assignee category or categories (will not be printed on the patent): Jissue Fee Advance Order - # of Copies 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. If no name is listed no name will be printed. 1. BROOKS KUSHMAN P. (1) then the patent attorneys or agents. If no name is listed no name will be printed. 2. The following firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Which Director is hereby authorized to charge th							
5. Change in Entity Statu			overpayment, to Depo	sit Account Numbe	T <u>U239/8</u> (enclose	an extra copy of this form).	
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requestred Sta	tes Patent and Trademark	of from anyone other than the Office.	ne applicant; a regis	stered attorney or agent; or	the assignee or other party in	
Authorized Signature	utu	0		Date Mc	uch 4, 2010		
Typed or printed name		_			o. <u>31209</u>		
an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	ality is governed by 35 application form to the ns for reducing this burginia 22313-1450. DC 3-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est videpending upon the individe Chief Information Office COMPLETED FORMS TO spond to a collection of inf	imated to take 12 ridual case. Any co er, U.S. Patent and ' O THIS ADDRESS	ninutes to complete, include mments on the amount of Trademark Office, U.S. De S. SEND TO: Commissione	and by the USPTO to process) ling gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450, rol number.	